

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15462**

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>83</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington.</u>		c. LENGTH OF STAY (in this place) <u>29 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>921 W. 5th St.</u>				d. STREET ADDRESS (If rural, give location) <u>921 W. 5th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Weekes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 22nd, 1949.</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 24th, 1860.</u>	
9. AGE (In years last birthday) <u>88</u>		10. MONTHS <u>6</u>		11. DAYS <u>28</u>		12. HOURS <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming.</u>		11. BIRTHPLACE (State or foreign country) <u>New Haven, Mo. R.F.D. D</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>H. Frederick Weekes.</u>			13b. MOTHER'S MAIDEN NAME <u>M. Katherine Bottamiller.</u>			14. NAME OF ~~DECEASED~~ WIFE <u>Mary E. Weekes.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>None.</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Fred H. Weekes</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>chr. myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>5/17/49 to 5/22/49</u> <u>10 yrs.</u> <u>8 10 yrs</u> <u>42 2-1</u>			ADDRESS <u>Washington, Mo.</u>				
18a. DATE OF OPERATION			18b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐			21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5/17</u> <u>1949</u> , to <u>5/22</u> , <u>1949</u> , that I last saw the deceased alive on <u>5/21</u> , <u>1949</u> , and that death occurred at <u>9:27 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edwin B. Turner D.O.</u>			23b. ADDRESS <u>Washington Mo.</u>			23c. DATE SIGNED <u>5/23/49</u>	
24a. BURIAL-CREMA-TION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>May 24, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nieburg & Voth, Inc.</u>		ADDRESS <u>Washington, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
JUN 1 1949
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.

Lester A. Pitt
Licensed Embalmer No. 3854

P. O. Address

Washington, D.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.